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**Title:** Beyond the ‘at risk’ individual: Housing and the eradication of poverty to prevent homelessness

## **Introduction**

The 2008 White Paper on Homelessness (Australian Government 2008) constitutes a watershed initiative outlining the future for Australian homelessness policy. This contemporary homelessness policy is diverse and it continues to unfold and evolve during implementation. Nevertheless, it is characterised by the explicit intention to move beyond the former crisis based system, and the espousal of achieving measurable outcomes of permanently ending homelessness (Australian Government 2008). Similar to jurisdictions in the UK, North America and Europe (Calgary Homeless Foundation 2011; Cunningham et al. 2006; FEANTSA 2010; Mayor of London 2009), Australia has set ambitious goals to halve overall homelessness by 2020 and to realise measurable reductions in homelessness for specific groups of people, such as young people, Indigenous people and people sleeping rough (Council of Australian Governments 2009).

A fundamental tenet of this new policy vision is homelessness prevention. The Australian Government has adopted a policy stance that is both optimistic and interventionist in positioning homelessness as a preventable social problem. It asserts that “homelessness can be prevented”:

It is important that efforts are directed both at *preventing homelessness* – by identifying people at risk and ensuring that they have access to the right support before reaching crisis point – and *preventing the causes of homelessness* (Australian Government 2008: 24).

Efforts to prevent homelessness are referred to as ‘turning off the tap’<sup>i</sup> (Australian Government 2008). This new agenda is in line with contemporary government priorities of promoting preventative type strategies in public health and alcohol and illicit substance use (Australian Government 2010). Further, the current policy focus on homelessness prevention has strong links with more historic social endeavours to intervene early to prevent crime and disadvantage, especially for youth ‘at risk’ (Armstrong 2006; Crane and Brannock 1996).

Inherent in efforts to prevent something are assumptions that the causes are known, that the causes can be predicated in advance, and then addressed accordingly. In turn, homelessness prevention policy is premised on assumptions borrowed from the medical paradigm. From this perspective prevention is conceptualised at three levels: primary prevention, focused on preventing new cases; secondary prevention, identifying and responding to a problem in its initial, and thus easy to deal with/treat stage, and tertiary prevention, to slow the progression or lessen the effects of an illness/problem (Culhane, Metraux and Byrne 2011).

The White Paper articulates an understanding of some of the complexities and dynamics involved in achieving homelessness prevention. This includes detail about the nuanced and subjective experiences that act as trigger points or antecedents for homelessness. It distinguishes preventing homelessness by addressing structural causes, on the one hand; from preventing homelessness by targeting people who present with certain risks and vulnerabilities, or at crisis points in their lives, on the other (Australian Government 2008). The former closely approximates primary prevention, whereas the latter are more consistent with secondary and tertiary types of prevention.

It is this distinction between the types of prevention, one structural and others targeted toward 'at risk' individuals that we draw out and consider in this article. Indeed, after critiquing the prevention of homelessness for individuals 'at risk', the substantive discussion deals with the challenges, ambiguities and significance of thinking about the primary prevention of homelessness. We consider the role of broader social policy in homelessness primary prevention, first with reference to reducing relative poverty, and second in terms of the supply of affordable and secure housing.

The article argues that while these primary preventative measures are acknowledged, ideas about the autonomous individual prevail. We will argue that these normative ideas reflect broader changes where social problems are increasingly individualised under the umbrella of what some scholars refer to as 'the post-welfare state' (Bessant and Watt 1999; Jamrozik 2009), and others refer to as the 'post-entitlement welfare state' (Wacquant 2009). This in turn, represents a challenge to the enactment of policies that work toward preventing homelessness at a structural level. Despite the longstanding acknowledgement of the structural dimensions to homelessness, policy is not adequately developed or resourced to address the underpinning housing supply and poverty problems that are fundamental in order to achieve primary homelessness prevention.

### **Homelessness prevention as early intervention**

Australia's dominant means to prevent homelessness are enacted through early intervention strategies (secondary and tertiary prevention). Early intervention aims to assist people in housing stress or at vulnerable life transitions to sustain or obtain a housing tenancy. Models of early intervention vary, but they are largely premised on the ideas that people present with risk factors, vulnerabilities or have common pathways into homelessness (Johnson et al. 2008). As such, homelessness is prevented by delivering services to people 'at risk' of homelessness so their individual circumstances change and their homelessness is averted as a product of these changes.

Early intervention came to prominence in Australia in the 1980s focusing initially on young people and enhancing family resilience (Crane and Brannock 1996), and more specifically on homelessness at the beginning of the 1990s following the recommendations advocated in the report *Our Homeless Children* (Human Rights and Equal Opportunity Commission 1989). Building on this compelling report, early intervention is frequently directed toward young people

as they leave home/state care (Crane and Brannock 1996; Johnson et al. 2010). Early intervention likewise targets families (Ryan and Merlo 2005), women and children who have experienced domestic violence (Spinney and Blandy 2011) and people leaving prisons (Flatau et al. 2008). This traditional focus on prevention is extended by contemporary homelessness policy with early intervention manifest in the 'no exits into homelessness' initiative (Australian Government 2008). Linked to the notion of common risk factors and pathways into homelessness, the no exits initiative aims to ensure that people do not leave state institutions, such as hospitals, prisons or state care, and then enter homelessness.

In theory, early intervention is targeted to assist people in urgent need or at critical points in their lives. This is a simple and arguably sensible approach. In the current Australian practice context early intervention is intended to be achieved through collaborative and integrated work within and between the mainstream service system and the specialist homelessness service system. A product of this joined up approach is the enhanced early identification of, and early intervention to, people 'at risk' of homelessness (Australian Government 2008). Social workers employed in mainstream public institutions, as well as a new flagging system adopted by Centrelink, are tasked with identifying and responding to people 'at risk' of homelessness. This early intervention type of approach similarly translates into measures to assist people 'at risk' of homelessness to sustain tenancies. Early intervention services provide people in housing and financial stress resources such as: tenancy information, advocacy, debt management strategies and financial support in order to assist with maintaining existing or obtaining new tenancies.

While diverse in methods of service delivery, early intervention initiatives are common in that they focus on addressing the 'problem' at the individual level. Individuals are targeted on the basis of identified risk factors. The intervention involves case managers and social workers, for example, working with, and as is described in the UK, empowering the citizen in line with the consumerist ethic (Pawson and Davidson 2008). Early intervention aims to respond to individual need – to mitigate an individual's risk of homelessness. Early intervention does not aim to address problems or mechanisms that contribute to homelessness at the population level.

Early intervention strategies are widely implemented because they are deemed to be cost effective. In Australia, Flatau's et al. (2008) seminal study has been instructive illustrating to policy makers the costs to the state in supporting a person who is homeless rather than stopping their homelessness before it occurs. Early intervention is seen as sound fiscal policy (Australian Government 2008). Economic arguments for the efficacy of early intervention likewise prevail in the UK and US (Culhane, Metraux and Byrne 2011; Jones and Pleace 2010). In the UK context, Pawson et al. (2007) says that early intervention can be seen through the lens of spending money to save money.

The targeting of homelessness early intervention strategies has additional cost effective appeal in the US. Culhane, Metraux and Byrne (2011) point out that there are many millions of Americans in 'worst housing need'. Early intervention type strategies ensure that limited public funding

goes only to those people in worst housing need that are likely to become homeless without the assistance; that is to say, not the many millions in worst housing need that would not become homeless without the assistance. The cost effectiveness of early intervention is not just a matter of the savings associated with the high costs of supporting people once they are already homeless. Culhane, Metraux and Byrne (2011: 297) explain that this specific targeting of early intervention to groups imminently at risk of homelessness is important otherwise, “savings realized through averting a case of homelessness could become washed out by the cost of assisting many false positive cases”. Burt, Pearson and Montgomery (2007) note similar points. They suggest that US legislators are often reluctant to fund homelessness prevention measures out of the concern that state funding could be inadvertently provided to people not likely to become homeless, thereby leaving less resources for people who are in fact experiencing homelessness.

Recent reductions in the prevalence of homelessness in the UK have been attributed to the successes of early intervention (Busch-Geertsema and Fitzpatrick 2008; Pawson et al. 2007), and early intervention measures are central to US efforts to permanently end homelessness (United States Interagency Council on Homelessness 2010). In addition to assertions of cost effectiveness, the dominance of early intervention is perhaps a product of these programs easily lending themselves to direct, observable and measurable outputs and outcomes. The Australian Government’s plan to end homelessness has interim performance benchmark measures to identify progress at pre-determined periods (Council of Australian Governments 2009). As we will demonstrate below, primary prevention measures are slow to produce results (Moses et al. 2007). Early intervention represents a means to respond directly to people in need of support (people at risk), and have that response clearly documented and measured. Indeed, Farrington’s (2000) references to risk factors and early intervention in the criminology field shed light onto the popularity afforded to this approach. He sees work identifying risk factors and early intervention strategies to crime prevention as bridging the academic research and policy divide, and as an approach that is widely accepted by the latter.

If early intervention was always effective at identifying people ‘at risk’ and then addressing those risks accordingly, it would ensure that those people avoided homelessness on those occasions. It would rarely, however, address the fundamental reasons that people presented with risks of homelessness. Nor would early intervention be useful to those individuals who are not identified as ‘at risk’, but become homeless nonetheless. Common risk factors for homelessness include: domestic violence, state care, drug and alcohol misuse and mental illnesses. The limitations of these risk factors as predictive instruments in borne in the reality that many people become homeless as a result of financial, tenancy and family problems in the absence of such risk factors. This is illustrated in the recent assertion that ‘homelessness can affect anyone’ (Australian Government 2008). Likewise, it should be emphasised that many people with identified risk factors do not progress along a pathways into homelessness. This point is insightfully illuminated by Garside (2009). The efficacy of risk factors:

(t)end to be much better at explaining links and associations after the event than predicting future behaviour (Garside 2009: 8).

Others have taken this critique further. Armstrong (2006) has challenged us to consider the way that the 'risk factor' discourse has the consequence of individualising the problem. As a problem of risk factors within the individual, solutions often take the form of interventions (early intervention) to address the individual's problem, rather than the structural factors that contribute to economic disadvantage and inequality. Poverty, although recognised as a 'risk factor' in the 2008 White Paper, is not addressed by economic redistribution "but by interventions aimed at supporting individuals at the micro level with the management of their own risk" (Armstrong 2006: 272). In other words, risk discourse can be a way of managing social problems, but not addressing the political-economic causes. This argument is consistent with theoretical and ideological critiques of the structure and consequence of the post-welfare state (Bessant and Watts 1999). Focusing on the contemporary Australian context, Jamrozik laments the manner in which disadvantaged individuals are positioned as the source of the problem and intervention:

The outstanding feature of the post-welfare state is the policy and practice of converting the political nature of social problems into problems of individuals – 'the individualisation of the social' (Jamrozik 2009: 312).

Kemp (2000) extends this within the context of housing support. He argues that post-welfare states internationally have adopted neoliberal approaches that see housing access problems in terms of the individual's engagement with the market. State interventions in housing have moved from the supply of affordable housing to targeted financial assistance to meet individual need (Kemp 2000). In addition to problematising the individualism that underpins early intervention and the 'at risk' population, early intervention does nothing to stop new cases of homelessness from occurring. As such, its impact upon the overall prevalence of homelessness is limited (Shinn, Baumohl and Hopper 2001). By not altering the rate of homelessness at the broader population level, early intervention may have the consequence of reallocating the problem to other people 'at risk' of homelessness who are not accessing the early intervention initiative (Culhane and Metraux 2008).

A similar inadvertent outcome relates to an impression of unfairness. Pawson (2007) notes that there is a perception, albeit not necessarily supported by empirical evidence, that an early intervention system that targets services to people who meet specific 'at risk' criteria has the consequence of creating 'perverse incentives'. From this argument, the targeting so fundamental to early intervention will induce people to identify with or even fabricate certain 'risk factors' as the most effective means to access specifically quarantined services or housing.

### **Primary or universal prevention of homelessness**

In contrast to the many secondary and tertiary measures that can be considered early intervention, primary prevention can be thought of as social policy at the broader structural or

institutional level. It is not an intervention or policy targeted at individuals as they experience housing stress, but instead a change or intervention that has the potential to affect all people. Through altering structural and institutional arrangements, primary prevention has the overarching objective of stopping new cases of homelessness and indeed impacting upon many of the factors that lead people to be at immanent risk of homelessness in the first place. In this respect, primary prevention is more of a universal initiative at the population level. Obvious examples include enhancing the supply of affordable housing, eradicating poverty, increasing meaningful labour market participation and broader health and social well-being initiatives. While this type of primary prevention works at the population level, by virtue of its broad focus its impact in preventing homelessness is often indirect and speculative (Shinn, Baumohl and Hopper 2001). Further, its effectiveness at addressing homelessness is not universal among all people who experience the different dimensions of homelessness across Australia (Chamberlain and MacKenzie 1992). Primary prevention measures will likely have a less latent effect upon the antecedents to some youth homelessness and homelessness immediately following family separation. Even in the presence of reduced poverty and increased affordable housing, for example, people will still require crisis homeless accommodation to escape family conflict and violence.

The Australian Government, consistent with decades of research (Fertig and Reingold 2008; Neil and Fopp 1993; Thompson 2007), recognises the link between addressing structural factors and realising primary homelessness prevention (Australian Government 2008; Council of Australian Governments 2009). The centrality of structural factors are likewise understood in the UK and US (Culhane, Metraux and Byrne 2011; Shinn, Baumohl and Hopper 2001), but the implementation of primary preventative strategies are difficult to achieve in practice. Referring to contemporary US policy, Culhane, Metraux and Byrne (2011: 297) candidly report that “such initiatives are beyond the scope of the resources currently available for homeless assistance”. Similarly in the UK, the dominant means to achieve homelessness prevention focus on targeting people in priority housing need (Pawson et al. 2007). The structural and institutional changes required to achieve primary homelessness prevention are expensive. Governments that do spend the money to execute structural and institutional changes are not likely to see immediate reductions in homelessness (Moses et al. 2007) – constructing affordable housing and eradicating relative poverty are anything but quick fix solutions.

Preventing homelessness at the structural level is fundamentally about addressing poverty and the adequate supply and access to affordable housing for people who are poor. Homelessness is not a trait or does not amount to the essence or type of person that is homeless (Parsell 2010). Rather, homelessness is an experience that is symptomatic of a range of problems that occur when people are poor and thereby excluded from the housing market. People with economic resources and family support who have mental illnesses or who misuse alcohol and illicit substances (‘risk factors’) can usually draw upon ~~those~~ their financial resources to avoid homelessness. At the broader structural level, therefore, primary prevention of homelessness may

take two forms: (1) addressing people's impoverishment, but leaving the housing market/sector the same; or (2) increasing the supply of affordable housing that poor people can access, but not necessarily intervening to address their relative poverty. This twofold distinction is presented for heuristic purposes. Intervening in one area may change the other<sup>ii</sup>. We will suggest that both types of structural changes are necessary to realise sustainable homelessness primary prevention, but efforts to eradicate poverty will likely enhance the sustainability of homelessness prevention and likewise contribute toward related well being objectives.

First, primary prevention can occur through societal changes that improve the material conditions of people so they no longer experience poverty. Acknowledging the contested nature of poverty definitions and statistics in Australia (Saunders 2002), and the many dimensions that poverty assumes (Kakwani and Silber 2007), our discussion considers relative poverty. Relative poverty for the OECD focuses on proportions of the population with an "equivalised disposable income of less than 50 per cent of the medium income" (Caminada, Goudswaard and Koster 2011: 2). Similarly, although there is no official definition of poverty in Australia, a commonly used definition conceptualises relative poverty with reference to a poverty line that falls below half the average Australian income (Harding, Lloyd and Greenwell 2001). In 2000 it was estimated that 13 per cent of Australians were living in relative poverty (Harding, Lloyd and Greenwell 2001). Compared to twenty-two other OECD states between 2003 and 2005, Australia had the 16<sup>th</sup> highest poverty rate at 12.4 per cent of the population (Caminada, Goudswaard and Koster 2011). This can be contrasted with Denmark and Sweden, the lowest at 5.3 per cent, and the US, the highest, at 17.1 per cent (Caminada, Goudswaard and Koster 2011).

There is no agreement about the most effective means to reduce or eradicate poverty (Hujo and Gaia 2011). Nevertheless, there are numerous Australian policies that have the consequence, both implicitly and explicitly, of reducing poverty. ~~These are underpinned by the intention to assist with equity in terms of employment, education, health and social participation~~ Historically and in the contemporary Australian context, the labour market is identified as a primary vehicle for lifting people out of poverty. Engagement in full-time employment is an important, and arguably the primary means through which people avoid relative poverty (Gillard 2007). Accepting the validity of international critiques about the unsatisfactory nature of precarious employment characterised by insecurity, minimal labour protection and no sense of secure occupational or career identity (Standing 2011), Australian scholars agree also acknowledge that engaging in full time employment is the primary means through which people avoid poverty (Saunders 2006; Watts 2010). The problem is that full-time secure employment is becoming less available in a labour market where casual employment is expanding at a faster rate than full-time jobs (Standing, 2011). For people who are ~~poor that are~~ also disadvantaged by health problems, physical and psychological disabilities, racism and location, accessing full employment, and thus exiting poverty, involves additional challenges (Lawlor and Perkins 2009; Vinson 2007). In agreement with Healy (2011) and Watts (2010), however, we see the social safety net, including



the income taxation and welfare transfer systems, in addition to the Federal Minimum Wage and full time employment, as the most appropriate best means to of avoiding poverty.

~~Notwithstanding these considerable challenges,~~ Thus to prevent homelessness by preventing relative poverty, changes take place further downstream than housing initiatives. Indeed, this type of primary homelessness prevention is not directed at housing per se. Rather, primary prevention of homelessness is enabled by eradicating relative poverty and assisting people to obtain the financial resources (through minimum wage, full time employment, income taxation and welfare transfers) they require to be more competitive in the housing market. Alternatively, these changes may alter the nature of the housing market through wealth creation. For instance, reduced relative poverty, increased and more equitable wealth distribution, more housing demand and a greater capacity to influence the supply of housing, could also work toward people being more financially equipped to avoid homelessness.

The second dimension of primary prevention would focus more on directly increasing the supply of and access to, affordable housing. Primary prevention in this way is about reducing the likelihood of people who are poor ever becoming homeless by increasing the supply of affordable housing they can access. This type of strategy does not necessary alter the structures that may create people's weakness in the housing market. It does not attempt to intervene to address relative poverty or to promote more financial prosperity or equity as a means to end homelessness. Instead, through increasing the supply of affordable housing at the population level, this aspect of primary prevention attempts to manipulate the housing market so that individual factors, for example, being poor, do not result in the exclusion from housing. Similar to New Zealand, the US and Canada, Australia has a small social housing sector that means access to this form of housing is tightly targeted toward households experiencing significant disadvantage (Hulse 2003). Supply of housing to low income households in the private rental sector is likewise challenging. Wulff and colleagues demonstrated that the supply of affordable private rental housing to low income Australian's has recently reduced: in 2006 very low income private renters faced a total shortfall of 211 000 affordable dwellings (Wulff et al. 2011).

Homelessness occurs when more people require access to housing than there is accessible supply of (Sclar 1990). From this perspective, homelessness is a supply and demand problem that interacts, in different ways for different people, with individual, ~~and~~ situational and institutional factors. In light of institutional housing arrangements and local practices that govern housing systems, People's personal and situational problems can act as barriers to accessing and sustaining permanent housing. Short et al. (2008) for instance, illustrated how some of the practices of landlords work to exclude certain 'risky' applications, such as Indigenous people, single parents and large families from accessing affordable housing that is available. In other research, Short et al. (2006) showed the manner in which exclusion from the tight rental market meant that low income households were reliant upon a peripheral housing market, characterised by little legislation and thus protection; for individuals who do access the available affordable housing, tenancies are often precarious. The range of individual and institutional factors that

**Comment [GM1]:** Might be worth giving a couple of examples of these excluding landlord practices.

contribute to homelessness, however, are often embedded within the context of limited affordable and secure housing supply.

The relevance of individual vulnerabilities acting as triggers for homelessness are contingent upon broader structural factors, with the availability of affordable housing being particularly important (Pleace 2000). Research from the US has shown that it is the combination of people's subjective experiences and their equally unique interactions with structural factors that mean the onset of homelessness cannot be predicted with any degree of certainty (Burt, Pearson and Montgomery 2007; Moses et al. 2007; Shinn et al. 1998). On the other hand, it is housing relative to demand that determines long-term homelessness rates (Wright and Rubin 1991). Based on an analysis of different welfare states and level of incomes stratification, Toro et al. (2007) demonstrates that the prevalence of homelessness is higher in countries with high wealth inequality and low social benefits, whereas low rates of homelessness are associated with states that provide significant social benefits and promote a greater degree of economic equity. By altering the conditions that underpin homelessness, primary prevention initiatives represent the main means to affect overall homelessness prevalence rates (Shinn, Baumohl and Hopper 2001).

## Discussion

The discussion of the two dimensions of primary prevention: one focused on addressing poverty, and the other focused on the supply of affordable housing, illustrates that these interventions constitute a core part of what could be considered Australia's welfare state. Public institutions such as education, training, health, welfare services, to name but a few, are presented as measures to assist people participate in Australian society and to enjoy the opportunities that education, health, employment and financial security brings. In recent discourse, these types of interventions and institutions work toward achieving a socially inclusive Australia (Australian Government 2011).

Similarly, consistent with the contemporary policy recognition of the structural causes of homelessness and the necessity to intervene at a structural level, recent homelessness policy is tied to increasing the supply of affordable housing. These homelessness and housing initiatives, in turn, are tied to social inclusive objectives (Australian Government 2011). Under the National Affordable Housing Agreement funded measures include increasing the supply of social housing, remote Indigenous housing and also the supply of housing stock available for rent on the private market at rents 30 per cent below market value. These initiatives represent a means to work toward primary homelessness prevention and they contrast with the former crisis based Supported Accommodation Assistance Program (SAAP) and dominant demand side housing policy (Kemp 2000). These increases, however, are not to an extent to prevent homelessness for the more than 100,000 Australians that were defined as homeless on ~~any~~ 2006 census night (Chamberlain and MacKenzie 2008). While a recent Australian Bureau of Statistics review has argued that Chamberlain and MacKenzie's figures represent a considerable over inflation of the prevalence of homelessness in Australia, the review does acknowledge that between 340,000 and

~~440,000 people in Australia will experience homelessness, or especially the many more people who experience homelessness in Australia over the course of a twelve month period (Pink 2011 Shinn 2009). Without engaging in debates about the merits of either Chamberlain and MacKenzie's or the Australian Bureau of Statistics review, even the lowest estimates of the homeless population indicates that~~ The current projected increases in the supply of affordable housing are thus insufficient to achieve the primary prevention of homelessness.

Further to this, the primary prevention of homelessness is arguably about more than additional increases to the supply of affordable housing (although further increases would certainly be helpful for those excluded from the housing market). Ending a person's homelessness is not synonymous with ending their poverty, or a range of other health and social problems they may have (O'Connell, Kaspro and Rosenheck 2009; Padgett, Gulcur and Tsemberis 2006; Shinn, Baumohl and Hopper 2001). While the powerlessness, trauma and danger of homelessness (Parsell 2011 ~~Fortheoming~~; Robinson 2010) means that preventing it in the first place is a public policy good in and of itself, ending homelessness is not sufficient to achieve the economic, health and social participation objectives that are intended to follow such outcomes (Council of Australian Governments 2009; Queensland Government 2008). Preventing homelessness is not a panacea for addressing poverty or other problems people may be experiencing.

The two dimensions of primary homelessness prevention: one increasing the supply of affordable housing and the other eradicating poverty are not only difficult to implement in practice, but they can also be subject to critique on theoretical grounds. When justifying why he would not adopt a policy position to permanently end homelessness, the Federal Leader of the Australian Opposition, Tony Abbott, said that the 'poor are always among us' (Perusco 2010). It is this inevitability of homelessness, as embedded and reified within assumptions that individualise the problem, that represents a tension for the application of primary prevention measures. The range of early intervention type strategies (secondary and tertiary) that constitute the major ways that homelessness prevention is enacted in Australian social policy are supported by views of homelessness as a problem that is caused, and thus should be responded to (or not), at the individual level. As Jamrozik (2009) argues, this focus on the individual 'at risk' of homelessness is in line with the ideological assumptions supporting the structure of Australia's post-welfare state.

## **Conclusion**

The prevention of homelessness constitutes a key plank to government efforts to permanently end homelessness, as outlined in the 2008 White Paper on Homelessness. While there has been some recent focus on the supply side of affordable housing, like the US and UK, Australia's dominant means to achieve homelessness prevention takes the form of secondary and tertiary measures. These measures are both ubiquitous and diverse in terms of method, but they can largely be seen as early intervention strategies targeted toward individuals 'at risk'.

The targeting of early intervention is positioned as cost effective vis-à-vis the high costs of responding to a person who is already homeless. Intervening early so that people who are poor or 'at risk' groups avoid losing their housing is one important component of public policy. Dedicating resources and collaborative responses from public institutions to people as they exit prisons, state care and hospitals, for example, and then ensuring that they have adequate housing options is an appropriate response. Taking a similar view to Garside (2009), therefore, we do not discount the entire approach of early intervention. We do, however, view the dominance of early intervention in policy approaches as inadequate to alter the overall prevalence of homelessness and to address the structural causes that underpin it.

The focus on the 'at risk' individual has the consequence of individualising the social problem of homelessness. This, in turn, reifies the dominance of early intervention, thereby making the move toward the necessary broader structural reform more difficult to achieve. The move toward a broader primary preventative policy position must first redirect the focus beyond the individual, and then secondly grapple with policy answers that address structural factors in which those individual risk factors are embedded. The move would thus require less of a focus on the 'individual risks' toward a greater "focus on the socially mediated risks experienced by the individual" (Garside 2009: 14).

To achieve primary homelessness prevention that likewise has the capacity to equate to broader social and economic well being, homelessness prevention must be guided by efforts to eradicate or at least dramatically reduce the incidence of relative poverty. Increasing the supply of affordable housing would contribute toward primary homelessness prevention, but alone it cannot be assumed that poor people who are homeless will necessarily exit poverty by virtue of gaining a house. Thus increasing the supply of affordable housing, even to an extent well beyond the current policy, is inadequate to realise primary homelessness prevention objectives. As Wilkinson and Pickett's (2009) *The Spirit Level: Why Equal Societies Almost Always do Better* illustrates, the existence of relative poverty and gross inequities fosters an environment where poor health and social problems, such as homelessness, thrive.

Finally, while broader structural preventive measures such as eradicating relative poverty or increasing the supply of affordable housing will benefit people who would never have become homeless ('false positives cases'), this type of change is required to make homelessness prevention not just a meaningful concept but a clear policy objective. A move toward eradicating poverty to achieve primary homelessness prevention is consistent with the policy commitment to prevent the fundamental causes that give rise to homelessness.

## Notes

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<sup>i</sup> In the US, preventing homelessness is colloquially known as 'closing the front door'.

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<sup>ii</sup> Reducing housing costs would reduce income poverty.

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